



Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Statement of Committee Organization

Missouri Ethics Commission

Office Use:
DEC 07 2016
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1. Statement Information

Date: 11/29/16

Type: ☒ New ☐ Amended (if amending, enter MEC ID C161402 & section changed _____)

2. Committee Information

21st Ward Organization

Name of Committee

4541 Athlone St. Louis Mo 63115

Committee Mailing Address, City, State, & Zip

(314) 7573618

Telephone Number

St. Louis Board of election commissioners

County Clerk or Board of Election Commissioners

Committee Type: ☐ Campaign ☐ Candidate ☒ Continuing (PAC) ☐ Debt Service ☐ Exploratory ☐ Political Party

3. Treasurer/Deputy Treasurer Information

James Keys

Treasurer's Name (First & Last)

4541 Athlone St. Louis MO 63115

Treasurer's Mailing Address, City, State, & Zip

Treasurer's Home Telephone Number (optional)

(314) 3824627

Treasurer's Home Telephone Number

(314) 7573618

Treasurer's Work Telephone Number

Deputy Treasurer's Name (if one appointed)

Deputy Treasurer's Email Address (optional)

Deputy Treasurer's Mailing Address, City, State, & Zip

Dep. Treasurer's Home Telephone Number

Dep. Treasurer's Work Telephone Number

4. Additional Committee Information

n/a

Additional Committee Officer's Name & Title (if any)

Additional Committee Officer's Mailing Address, City, State, & Zip

Connected Organization's Name (if any)

Connected Organization's Mailing Address, City, State, & Zip

CANDIDATES: Do you have more than one candidate committee? ☐ Yes (refer to instructions on back) ☒ No

5. Official Bank Account Information (required by all committees)

6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

n/a

Name & Mailing Address, City, State & Zip of Candidate

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Telephone Number (Candidate Committees Only)

n/a

Election Date

n/a

Office Sought & Political Subdivision

Political Party

Support or Oppose

7. Ballot Measure Supported or Opposed (campaign committees must complete this section)

n/a

Name of Ballot Measure

n/a

Election Date & Political Subdivision

n/a

Support or Oppose

8. Signature(s) Check certification(s) & sign (required by all committees)

☒ I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I further acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.

Committee Treasurer

Candidate (Candidate Committees Only)